



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FILED
06 AUG -1 AM 10:46
CARMELLA SABAUGH
MACOMB COUNTY CLERK
M^C CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 1/1/06 To 4/16/06
Mo Day Year Mo Day Year

1. Committee I.D. Number

137 553

2. Committee Name

EXCELLENCE IN EDUCATION

4. Committee's Mailing Address

30695 TENNESSEE
ROSEVILLE, MI 48066

Area Code and Phone () 586 - 296 - 7374
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

LORI COOK

30695 TENNESSEE

ROSEVILLE, MI 48066

Area Code and Phone () 586 - 296 - 7374

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone ()

Area Code and Phone ()

8. TYPE OF STATEMENT:

8a. ☒ PRE- ELECTION

OR

8b. ☐ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☒ SCHOOL

☐ SPECIAL

Date of Election:

5 - 2 - 06
Month Day Year

8c. ☐ ANNUAL STATEMENT
(Coverage Year)

8d. ☐ QUALIFICATION
OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

LORI M. COOK

Type or Print Name

Lori M Cook

Signature

Date 8/1/06
Month Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence in Education

RECEIPTS

	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>5155.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>5155.00</u>	(20.) \$ _____

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____

EXPENDITURES

8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>2770.68</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>2770.68</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>2770.68</u>	(24.) \$ _____

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
---	----------------	----------------

DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>53.95</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>5155.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5668.95</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2770.68</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2898.27</u>

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt

1/30/06

Name:

Reid, Kathleen

Address:

4472 Morningview; Shelby Twp. Mi 48316

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$50.00

3. Contribution # 2

4. Date of Receipt

1/30/06

Name:

Gaska, Melinda

Address:

4243 Kensington; Detroit. Mi 48224

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$25.00

3. Contribution # 3

4. Date of Receipt

1/30/06

Name:

Cloutier, Amanda

Address:

18100 Wexford; Roseville. Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$25.00

3. Contribution # 4

4. Date of Receipt

1/30/06

Name:

Hebert, Willie

Address:

25620 Chalmers; Roseville. Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$25.00

Page Subtotal)

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

125.00



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>Weyer, Michael</u></p> <p>Address: <u>28058 Gleney; Roseville, Mi 48068</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/7/06</u></p>	<p>\$ 10.00</p>	
<p>3. Contribution # 2</p> <p>Name: <u>Steenland, Joseph</u></p> <p>Address: <u>31490 Kelly; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Investigator</u> Employer <u>Macomb Cty Prosecutors Office</u></p> <p>Business Address <u>County Bldg; Mt Clemens</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/17/06</u></p>	<p>\$ 100.00</p>	<p>\$ 130.00</p>
<p>3. Contribution # 3</p> <p>Name: <u>Roseville Federation of Teachers, Local</u></p> <p>Address: <u>17003 E. Ten Mile; Eastpointe Mi 48021</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>3/4/06</u></p>	<p>\$ 2000.00</p>	
<p>3. Contribution # 4</p> <p>Name: <u>De Felice, Lexa</u></p> <p>Address: <u>15437 Curtis; Roseville, Mi 48068</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>3/14/06</u></p>	<p>\$ 100.00</p>	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>2210.00</p>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Gates, Grace</u> Address: <u>25620 Wiseman; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$25.00	
3. Contribution # 2 Name: <u>Davieson, Gail</u> Address: <u>29405 Elmwood; Roseville 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
3. Contribution # 3 Name: <u>Witting, Bill</u> Address: <u>17926 Common Rd; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
3. Contribution # 4 Name: <u>Giam, Teri</u> Address: <u>16050 Lux; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		175.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Hunt, Jimmy</u> Address: <u>25231 Dale, Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
3. Contribution # 2 Name: <u>Mayer, Joe</u> Address: <u>25877 Hudson; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
3. Contribution # 3 Name: <u>Napiewocki, Cathy</u> Address: <u>28255 Bleum; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
3. Contribution # 4 Name: <u>Taylor, Debe</u> Address: <u>28734 Hollywood; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>1/30/06</u>	\$50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		200.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Yee, Betty</u> Address: <u>1054 Anita; Grosse Pte Wds. Mi 48236</u> 4. Date of Receipt <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$40.00	
3. Contribution # 2 Name: <u>Glynn, Andrea</u> Address: <u>1125 O'Connor; Marysville, Mi 48040</u> 4. Date of Receipt <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 3 Name: <u>Jomala, Teresa</u> Address: <u>32343 Stricker; Warren, Mi 48088</u> 4. Date of Receipt <u>4/14/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 4 Name: <u>Jones, Michel</u> Address: <u>35738 Union Lake; Harrison Twp. 48045</u> 4. Date of Receipt <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$30.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		130.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>Chesher, Dan</u></p> <p>Address: <u>18253 Manorwood North; Clinton Twp. Mi 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00</p>		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>Covert, Mike</u></p> <p>Address: <u>16701 Beltmar; Livonia, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$30.00</p>		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>4/7/06</u></p> <p>Name: <u>White, Brent</u></p> <p>Address: <u>28531 Japhet; Livonia, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00</p>		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>Crow, Dan</u></p> <p>Address: <u>11285 Harrower; Warren, Mi 48093</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$40.00</p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>120.00</p>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Naugh, Harold</u> Address: <u>19464 Candlelight; Roseville. Mich 48066</u> 4. Date of Receipt: <u>4/16/05</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 20.00	
3. Contribution # 2 Name: <u>Jordan, Sophie</u> Address: <u>2396 Hickory Glen; Blomfield Hills. Mich 48304</u> 4. Date of Receipt: <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 75.00	
3. Contribution # 3 Name: <u>Blaszowski, Mark</u> Address: <u>14569 Royal; Sterling Hts. Mich 48312</u> 4. Date of Receipt: <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 40.00	
3. Contribution # 4 Name: <u>Steeland, Michael</u> Address: <u>28647 Greenland; Roseville. Mich 48066</u> 4. Date of Receipt: <u>4/16/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		160.00	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>4/14/06</u></p> <p>Name: <u>Petrone, Patrick</u></p> <p>Address: <u>32935 Haggerty; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$30.00		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>4/15/06</u></p> <p>Name: <u>Lutostanski, Thomas</u></p> <p>Address: <u>36532 Idaho Dr; Sterling Hts, Mi 48312</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$40.00		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>Antoni, Michael</u></p> <p>Address: <u>12109 Parkside; Washington Twp, Mi 48094</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$40.00		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/15/06</u></p> <p>Name: <u>Goetzinger, Carmen</u></p> <p>Address: <u>30505 Hidden Pines; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$35.00		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		145.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>3/23/06</u></p> <p>Name: <u>Nedemark, Peter</u></p> <p>Address: <u>19937 Woodcrest; Harper Wds. Mi. 48225</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 25.00	
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>3/23/06</u></p> <p>Name: <u>Comerecia</u></p> <p>Address: <u>24801 Groesbeck; Roseville. Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 100.00	
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>3/15/06</u></p> <p>Name: <u>Denning, Douglas</u></p> <p>Address: <u>3770 Lake Forest; Sterling Hts. Mi 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 100.00	
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>Krent, John</u></p> <p>Address: <u>23061 Petersburg; Eastpointe. Mi 48021</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 75.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>300.00</p>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>Bench, Lawrence</u></p> <p>Address: <u>22757 Iroquois Rd; Okemos, Mi 48865</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/7/06</u></p>	<p>\$50.00</p>	
<p>3. Contribution # 2</p> <p>Name: <u>Halmer, Sharon</u></p> <p>Address: <u>51734 Indian Pk; Mpscomb, Mi 48042</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/7/06</u></p>	<p>\$50.00</p>	
<p>3. Contribution # 3</p> <p>Name: <u>Petersen, Janae</u></p> <p>Address: <u>5010 Appleton Ct; Sterling Hts, Mi 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/7/06</u></p>	<p>\$50.00</p>	
<p>3. Contribution # 4</p> <p>Name: <u>Muzzall, Fred</u></p> <p>Address: <u>19858 Woodward Dr; Clinton Twp, Mi 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>2/7/06</u></p>	<p>\$10.00</p>	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>160.00</p>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Meglio, Barbara</u> Address: <u>26729 Kreser; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>30.00</u>		
3. Contribution # 2 Name: <u>Staker, Lily</u> Address: <u>16251 Martin Rd; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>		
3. Contribution # 3 Name: <u>Vogel, Sue Ann</u> Address: <u>30655 Zunker; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>		
3. Contribution # 4 Name: <u>Bucci, Faye</u> Address: <u>48396 Lake Valley; Shelby Twp. Mi 48317</u> 4. Date of Receipt <u>2/7/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		<u>180.00</u>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Hartwell, Jody</u> Address: <u>26271 Barbara; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 2 Name: <u>Generechner, Robert</u> Address: <u>19328 Brandt; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 3 Name: <u>Hank, Mena</u> Address: <u>30840 Park; Roseville, Mi 48066</u> 4. Date of Receipt <u>1/30/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 4 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		40.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>Freembo, Paul</u></p> <p>Address: <u>33214 Oriskany Ct; Sterling Hts 48312</u></p> <p>4. Date of Receipt <u>1/30/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$50.00		
<p>3. Contribution # 2</p> <p>Name: <u>Steenland, Joseph</u></p> <p>Address: <u>31490 Kelly; Roseville. Mi 48066</u></p> <p>4. Date of Receipt <u>1/30/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$30.00		
<p>3. Contribution # 3</p> <p>Name: <u>Genest, Theresa</u></p> <p>Address: <u>16631 Waterman; Roseville. Mi 48066</u></p> <p>4. Date of Receipt <u>1/30/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$30.00		
<p>3. Contribution # 4</p> <p>Name: <u>Manerconi, Alfredo</u></p> <p>Address: <u>16444 Bowman; Roseville. Mi 48066</u></p> <p>4. Date of Receipt <u>1/30/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$30.00		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		140.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt

1/30/06

Name:

Snakowski, Debbie

Address:

18683 Common Rd; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$

50.00

3. Contribution # 2

4. Date of Receipt

1/30/06

Name:

Muscat, Mike

Address:

19534 Glena; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$

50.00

3. Contribution # 3

4. Date of Receipt

1/30/06

Name:

Muszynski, Diane

Address:

29125 Hellgreen; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

\$

50.00

3. Contribution # 4

4. Date of Receipt

1/30/06

Name:

Chelo, David

Address:

41772 Hellgreen Dr; Sterling Hts, Mi 48314

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

\$

50.00

Page Subtotal)

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

200.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence In Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: Lepenski, Tony</p> <p>Address: 19385 Rockport; Roseville, Mi 48066</p> <p>4. Date of Receipt: 4/16/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$40.00		
<p>3. Contribution # 2</p> <p>Name: Schultz, Dan</p> <p>Address: 41225 Woodview; Clinton Twp. Mi 48038</p> <p>4. Date of Receipt: 4/16/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$40.00		
<p>3. Contribution # 3</p> <p>Name: Taylor, Richard</p> <p>Address: 28734 Hollywood; Roseville, Mi 48066</p> <p>4. Date of Receipt: 4/16/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	\$40.00		
<p>3. Contribution # 4</p> <p>Name: _____</p> <p>Address: _____</p> <p>4. Date of Receipt: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		120.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>3/14/06</u></p> <p>Name: <u>Jocco, Shannon</u></p> <p>Address: <u>46281 Pat St; Chesterfield Twp</u> <u>48051</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>30.00</u></p>		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>3/14/06</u></p> <p>Name: <u>Powers, Mearine</u></p> <p>Address: <u>21912 Traygo; SA Clair Shores, Mi</u> <u>48081</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>30.00</u></p>		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>3/14/06</u></p> <p>Name: <u>Thell, Lucy</u></p> <p>Address: <u>2935 Woodstock Circle; Port Huron Mi</u> <u>48060</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>40.00</u></p>		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>3/14/06</u></p> <p>Name: <u>JJ Mich</u></p> <p>Address: <u>P.O. Box 680; Roseville, Mi</u> <u>48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>300.00</u></p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p><u>400.00</u></p>	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/4/06</u>		
Name: <u>Vasil, Rebecca</u>		\$ <u>100.00</u>	
Address: <u>5314 Yorkshire; Detroit Mi 48224</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser	
3. Contribution # 2	4. Date of Receipt <u>4/1/06</u>		
Name: <u>Musgall, Jeya</u>		\$ <u>50.00</u>	
Address: <u>19858 Woodview; Clinton Twp 48035</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser	
3. Contribution # 3	4. Date of Receipt <u>4/1/06</u>		
Name: <u>Hanley, Patty</u>		\$ <u>40.00</u>	
Address: <u>39596 Schroeder; Clinton Twp. Mi 48038</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser	
3. Contribution # 4	4. Date of Receipt <u>4/1/06</u>		
Name: <u>Starr, Charlotte</u>		\$ <u>40.00</u>	
Address: <u>19307 Mercier, Roseville, Mi 48066</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser	
Page Subtotal)		<u>230.00</u>	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/1/06</u>		
Name: <u>McGuire, Margaret</u>			
Address: <u>32201 Eastroy ; Grosseville, Mi 48066</u>		\$40.00	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/1/06</u>		
Name: <u>Donarowski, Julie</u>			
Address: <u>4143 Starville; China Top - Mi 48054</u>		\$30.00	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt _____		
Name: _____			
Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt _____		
Name: _____			
Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal)		70.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		5155.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Virginia Auda</u> Address: <u>18235 Marquette</u> <u>Roseville, Mi 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Fundraiser purchases</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/2/06</u>	<u>\$ 383.89</u>	
Expenditure # 2 Name: <u>Staples Office Supply</u> Address: <u>31900 Gratiot</u> <u>Roseville, Mi 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Marketing supplies</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/24/06</u>	<u>\$ 99.03</u>	
Expenditure # 3 Name: <u>Detroit Advertising</u> <u>Xpress, Inc.</u> Address: <u>7600 Chrysler Dr</u> <u>Detroit, Mi 48211</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Marketing brochures</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/24/06</u>	<u>\$ 609.50</u>	
Expenditure # 4 Name: <u>Postmaster - Roseville</u> Address: <u>30550 Gratiot</u> <u>Roseville, Mi 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/25/06</u>	<u>\$ 500.00</u>	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

1592.42

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

137553

2. Committee Name

Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Detroit Advertising Express</u> Address: <u>(See above)</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reminder Cards</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/4/06	\$ 540.60	\$ 1150.10
Expenditure # 2 Name: <u>Postmaster - Roseville</u> Address: <u>(See above)</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/10/06	\$ 637.66	\$ 1137.66
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

1178.26

2770.68

Enter this total
on Line 8a of
the Summary
Page